



## GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY

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### CONTINUING EDUCATION/IN-SERVICE REPORTING FORM

#### INSTRUCTIONS:

1. Complete this form in ink.
2. List the actual start and end time. List the actual start and end times for breaks. Total contact hours do not include meals, breaks, and business meetings.
3. The licensee must sign the form. The program coordinator or instructor must sign and verify attendance.
4. Do not use this form if you have attended a course and received a course brochure/outline and a certificate of attendance. If you have a course brochure/outline and certificate of attendance, you may submit copies of those documents as proof of completion.
5. List the name of the TRAINING; date; hours; and topics included.

1. LICENSEE NAME \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

2. LICENSE NUMBER: \_\_\_\_\_ ☐ OT ☐ OTA

Signature of Licensee

Date

3. TRAINING TITLE \_\_\_\_\_

4. PRESENTER: \_\_\_\_\_ CREDENTIALS: \_\_\_\_\_

5. LOCATION \_\_\_\_\_

6. START TIME \_\_\_\_\_ END TIME: \_\_\_\_\_ BREAK TIMES: \_\_\_\_\_

7. TOTAL CONTACT HOURS \_\_\_\_\_  
(You must not include breaks, meals, or business meetings in the calculation of total hours)

8. DATE \_\_\_\_\_ 9. OUTLINE AND DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I VERIFY THE HOURS OF INSTRUCTION FOR THE ABOVE NAMED LICENSEE AS SPECIFIED.

Signature

Date

Title

Phone number